I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).										
I hereby appoint: ☑ Practitioners associated with the Customer Number: 67491										
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
Name			Registration. Number					Registration Number		
				S. C.						
as attorney(s) or agent(s) to represent the understgned before the United States Patent and Trademark Office (USPTO) in connection with any and all platent applications assigned apt, to the understigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).										
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 67491										
OR										
☐ Firm or Individual Name										
Address	ddress									
City		State					Zip			
Country										
Telephone						Email				
Assignee Name and Address:										
Roche Diagnostics Operations, Inc. 9115 Hague Road Indianapolis, IN 46250										
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.										
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
Signature D. Michael Vauna					Date : 26,2007					
Name	D. Michael Young					Telephone (317) 521-7340				
Title	Vice President and Chief Intellectual Property Counsel									
DDC CDC I. 220012										

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